

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/589084

8.11.06

CLAIMS

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		3				
5		1				
6		1				
7						
8	1					
9						
10	1					
11			1			
12			1			
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50						
TOTAL IND.			3			
TOTAL DEP.			20			
TOTAL CLAIMS			23			

	AS FILED		AFTER		AFTER	
	1 ST AMENDMENT		2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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